



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

December 10, 2015

JON FRANCIS, TREASURER
KEEP THE PROMISE III
P.O. BOX 92225
AUSTIN, TX 78709-2225

Response Due Date

01/14/2016

IDENTIFICATION NUMBER: C00575423

REFERENCE: 48-HOUR NOTIFICATION REPORT, RECEIVED 11/30/2015

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Your committee filed a 48-Hour Report (see attached) informing the Commission of independent expenditures made in support or opposition of federal candidates. Please be advised that itemized independent expenditures disclosed on 24 and 48 Hour Reports should disclose the following information: the name and mailing address of the payee, the purpose of the expenditure, the date the communication is publicly disseminated or distributed, the amount, the name and office sought, state and district (if applicable) of the federal candidate, the calendar year-to-date, per election, for office sought total, the election designation, an indication of whether the candidate was supported or opposed and the signature of the treasurer. Please amend the 48-Hour Report by providing the state. (11 CFR §104.4(b) and (c)) Please be advised that each State's Presidential primary is considered a separate election for purposes of aggregating independent expenditures. Advisory Opinion 2003-40.

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will**

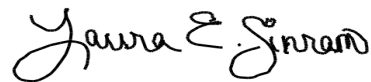
KEEP THE PROMISE III

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not be considered.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1157.

Sincerely,

A handwritten signature in black ink that reads "Laura E. Sinram". The signature is written in a cursive style with a large, stylized "L" and "S".

Laura Sinram
Sr. Campaign Finance & Reviewing Analyst
Reports Analysis Division

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.	FEC IDENTIFICATION NUMBER ▼ C C00575423
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Stripes Agency, LLC [Memo Item]			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Mailing Address 400 North St Paul, #1025			Amount 651.22	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4383	
Purpose of Expenditure Digital Media Production/Placement		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Stripes Agency, LLC [Memo Item]			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Mailing Address 400 North St Paul, #1025			Amount 613.22	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4384	
Purpose of Expenditure Digital Media Production/Placement		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1264.44
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 / 30 / 2015

Signature

Image# 201511309004121112

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: 97`A=G7 9 @B9CI G`H9LH`F9 @H98`HC`5`F9DCFH`G7<98I @`CF`H9A=N5HCB

Form/Schedule: F24N

Transaction ID :

The independent expenditures listed in this 48 Hour Notice Filing were all for expenditures of communications and items that were disseminated nationally and equally distributed among the states

Form/Schedule:

Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 22.51	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4385
Purpose of Expenditure Digital Media Production/Placement	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 21 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 1400.13	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4386
Purpose of Expenditure Digital Media Production/Placement	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 21 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1422.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

[Electronically Filed]

Date

MM / DD / YYYY
11 / 30 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 22 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 1470.95	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4387
Purpose of Expenditure Digital Media Production/Placement	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 22 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1470.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 23 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 1408.61	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4388
Purpose of Expenditure Digital Media Production/Placement	Category/ Type	001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 23 / 2015
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		1470.95	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2879.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

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Date

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 24 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 1457.43	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4389
Purpose of Expenditure Digital Media Production/Placement	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 24 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 25 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 1458.91	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4390
Purpose of Expenditure Digital Media Production/Placement	Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 25 / 2015	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2916.34
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

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Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**(Schedule E)**

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency, LLC [Memo Item]			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 26 / 2015		
Mailing Address 400 North St Paul, #1025			Amount 1422.75		
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4391		
Purpose of Expenditure Digital Media Production/Placement		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 26 / 2015		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		2928.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Stripes Agency, LLC [Memo Item]			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 27 / 2015		
Mailing Address 400 North St Paul, #1025			Amount 545.33		
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4392		
Purpose of Expenditure Digital Media Production/Placement		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 11 / 27 / 2015		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		2928.38	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1968.08
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

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Date

MM / DD / YYYY
11 / 30 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 7 OF 7
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Stripes Agency, LLC [Memo Item]		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 28 / 2015	
Mailing Address 400 North St Paul, #1025		Amount 0.34	
City Dallas	State TX	Zip Code 75201	Transaction ID : SE.4393 Date of Disbursement or Obligation MM / DD / YYYY 11 / 28 / 2015
Purpose of Expenditure Digital Media Production/Placement		Category/Type 001	
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 2928.38		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	10451.40

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

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Date

MM / DD / YYYY
11 / 30 / 2015

Signature